

PUBLIC RECORDS REQUEST FORM

Date/Time Stamp here

Town of Avon 65 East Main Street Avon, Massachusetts 02322

Date of Request

All public records request will be responded to within ten (10) days after receipt of request. Responses may indicate further time is necessary, additional information is required, or an estimate of fees required to fulfill the request, as examples.

Pursuant to Public Records Law all exemptions will be redacted from any and all material being released.										
Enter Description of Materials Sought:										
Name of Re	questor				Email					
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Firm/Compa	any Name									
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Stroot City	State and Zip Code									
Street, City,	State and Zip Code									
Phone Num	Fay Nu	Fax Number								
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Please he as	s specific as possible who	n requesting i	nformation:							
Please be as specific as possible when requesting information: COPY OF RECORDS (.05 PER PAGE PLUS SEARCH, REDACT AND/OR COPY FEE)										
□ ОТН	IER / ADDITIONAL INFOR	RMATION:								
Office Use Only:										
Received by	Initial Response	Subsequent Revi	iews	Fees	Paid	Records Provided				

Received by	Initial Response	Subsequent Reviews	Fees	Paid	Records Provided